



AMENDMENT TRANSMITTAL LETTER

Docket No.
06727/100J782-US5

Application No.
10/722,589

Filing Date
November 25, 2003

Examiner
M. Bockelman

Art Unit
3766

Applicant(s): Ehud Cohen et al.

Invention: TREATMENT OF DISORDERS BY UNIDIRECTIONAL NERVE STIMULATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9 ⁷	- 72 =	25	x 50.00	1,250.00
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,470.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-0100 in the amount of \$. A duplicate copy of this sheet is enclosed.

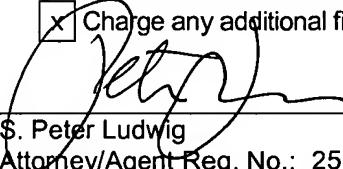
A check in the amount of \$ 2,470.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


S. Peter Ludwig
Attorney/Agent Reg. No.: 25,351

Dated: October 4, 2006

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7770



10-06-06

IFW \$

OCT 04 2006

PATENT & TRADEMARK OFFICE

Application No. (if known): 10/722,589

Attorney Docket No.: 06727/100J782-US5

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

FV834732531-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on October 4, 2006
Date

Lillian Garcia
Signature

Lillian Garcia
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment (34 pages)
Amendment Transmittal (1 page)
Three Month Request for Extension of Time (1 page)
Fee Transmittal (1 page)
Check in the amount of \$2,470.00 126.39
Return Receipt Postcard